



**Firestone Equestrian Center**  
**Adult Volunteer Registration**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

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How did you learn about our program? \_\_\_\_\_

Horse experience, special skills, courses completed: \_\_\_\_\_

**Consent and Waiver**

I acknowledge and understand the inherent risks of equine activity under Ohio law, Section 2305.40 of the Revised Code, which include but are not limited to: equine's unpredictable reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals, hazards involving surface or subsurface conditions, collision with another equine, animal, person or object; and the potential for me, my child, or my ward or others to act or fail to act in a manner that could result in injury, loss or death. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, insurers or administrators, waive and release forever all claims for damages against the YMCA, Instructors, Employees, and Volunteers for any harm to my son/ daughter/ ward, family members, caregivers or myself while participating in YMCA programs.

I understand that the YMCA does not carry health and accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant and his/her own insurance carrier.

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**Volunteer Signature**

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**Date**

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**Printed Name**

**Photo Release**

I, \_\_\_\_\_, hereby grant the YMCA, all authorized employees, volunteers, benefactors, representatives, donors, sponsors, and contract hires while currently employed or under contract, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the sole property of the YMCA and will not be returned. I hereby irrevocably authorize the YMCA to edit, alter, copy, exhibit, publish, and/or distribute any and all photographs bearing my likeness for purposes of publicizing the YMCA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written and/or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising from, or related to, the use of any photographs using my likeness. I hereby hold harmless, indemnify, release, and forever discharge the YMCA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, and/or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization.

X \_\_\_\_\_

**Background Check**

Have you ever been charged with or convicted of a crime?    Circle One    YES    or    NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (volunteer), authorize the YMCA to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my applications an employee/volunteer, and I expressly DO NOT authorize the YMCA, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VOLUNTEER MEDICAL FORM

Volunteer Name: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

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Allergies: (If none, write none)

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Medications: (If none, write none)

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In the event of an emergency please contact:

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Phone #s \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Phone #s \_\_\_\_\_

## Medical Care Authorization

I, \_\_\_\_\_, hereby authorize the YMCA and/or its authorized representative to give consent for medical treatment in the event of my illness or injury.

X \_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## **VOLUNTEER AGREEMENT**

**As a volunteer at YMCA Camp Y-Noah I understand and hereby agree to the following.....**

I have read and understand all barn rules posted at the facility & in the volunteer handbook.

All volunteers must sign in & out in the volunteer log book.

Treat all humans and animals with proper respect and consideration.

Dress appropriately for the weather & work you will be performing. Always wear sturdy shoes or boots. If your attire is inappropriate you may be asked to change or leave the property.

If unsure of tasks to perform, ask a supervisor, instructor or staff member. If you don't understand a procedure, ASK QUESTIONS.

Always follow directions and safety rules when completing the tasks assigned to you.

**I understand certain behaviors are not acceptable and may be cause for dismissal from the program. These include but are not limited to:**

**NO WEAPONS**

**LACK OF RESPECT FOR PARTICIPANTS, STAFF, VOLUNTEERS, ANIMALS AND PROPERTY**

**POSSESSION OR USAGE OF ANY ILLEGAL DRUG OR ILLEGAL SUBSTANCE**

**ANY ACTION THAT PUTS OTHERS IN DANGER**

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Volunteer Signature

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Date